

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,906,279.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,906,279.39
YTD Amount:	\$	14,035,886.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,953.29
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,638.29
YTD Amount:	\$	34,467.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	103,073.72
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	41,047.32
YTD Amount:	\$	311,715.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	665,195.77
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	70,136.47
YTD Amount:	\$	1,427,387.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	105,983.09
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	14,587.19
YTD Amount:	\$	237,655.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	84,047.22
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	4,048.42
YTD Amount:	\$	165,911.61

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REMITTANCE ADVICE

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,475,640.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,475,640.57
YTD Amount:	\$	7,126,612.50

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	99,370.36
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	21,234.56
YTD Amount:	\$	245,502.11

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	384,745.12
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	31,216.32
YTD Amount:	\$	797,541.53

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,802,337.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,802,337.11
YTD Amount:	\$	8,704,393.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	95,331.69
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	16,538.39
YTD Amount:	\$	224,024.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	669,605.20
County Medical Services Program Offset	\$	669,605.20
<u>Net Claim / Payment Amount</u>	\$	0.00
YTD Amount:	\$	1,187,617.48

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	663,523.44
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	24,081.24
YTD Amount:	\$	1,286,162.26

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	129,648.00
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	19,622.30
YTD Amount:	\$	296,058.38

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,227,570.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,227,570.90
YTD Amount:	\$	5,928,558.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	330,706.86
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	47,423.56
YTD Amount:	\$	747,300.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	145,443.98
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	43,147.68
YTD Amount:	\$	395,533.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	104,212.23
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	35,500.93
YTD Amount:	\$	297,162.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.32827785
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	23,272,019.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,272,019.29
YTD Amount:	\$	112,392,312.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	325,819.62
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	37,604.92
YTD Amount:	\$	708,901.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	771,685.02
County Medical Services Program Offset	\$	771,685.02
<u>Net Claim / Payment Amount</u>	\$	0.00
YTD Amount:	\$	1,409,988.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	55,530.52
County Medical Services Program Offset	\$	43,506.20
<u>Net Claim / Payment Amount</u>	\$	12,024.32
YTD Amount:	\$	137,666.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	210,299.53
County Medical Services Program Offset	\$	165,499.90
<u>Net Claim / Payment Amount</u>	\$	44,799.63
YTD Amount:	\$	519,145.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	406,568.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	406,568.27
YTD Amount:	\$	1,963,522.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	61,247.89
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	14,344.49
YTD Amount:	\$	155,084.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	87,415.26
County Medical Services Program Offset	\$	36,930.90
<u>Net Claim / Payment Amount</u>	\$	50,484.36
YTD Amount:	\$	311,379.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	598,063.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	598,063.90
YTD Amount:	\$	2,888,351.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	325,329.76
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	19,033.06
YTD Amount:	\$	652,291.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	206,333.17
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	20,253.87
YTD Amount:	\$	438,248.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,913,416.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,913,416.15
YTD Amount:	\$	18,899,857.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	254,380.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	254,380.40
YTD Amount:	\$	1,228,531.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	87,476.94
County Medical Services Program Offset	\$	87,476.94
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	153,954.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,292,729.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,292,729.30
YTD Amount:	\$	11,072,741.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,373,859.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,373,859.34
YTD Amount:	\$	11,464,562.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	124,855.75
County Medical Services Program Offset	\$	108,601.10
<u>Net Claim / Payment Amount</u>	\$	16,254.65
YTD Amount:	\$	277,188.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,546,738.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,546,738.23
YTD Amount:	\$	12,299,480.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,351,345.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,351,345.28
YTD Amount:	\$	21,014,837.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,438,455.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,438,455.71
YTD Amount:	\$	21,435,537.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,002,499.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,002,499.06
YTD Amount:	\$	4,841,572.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	333,805.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	333,805.52
YTD Amount:	\$	1,612,114.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,030,051.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,030,051.64
YTD Amount:	\$	4,974,638.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	615,320.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	615,320.96
YTD Amount:	\$	2,971,694.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,476,485.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,476,485.74
YTD Amount:	\$	11,960,196.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	417,302.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,302.62
YTD Amount:	\$	2,015,364.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	570,244.06
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	34,142.76
YTD Amount:	\$	1,145,691.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	20,279.14
County Medical Services Program Offset	\$	13,588.80
<u>Net Claim / Payment Amount</u>	\$	6,690.34
YTD Amount:	\$	57,171.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	161,195.31
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	23,991.91
YTD Amount:	\$	366,883.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	812,665.82
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	125,553.12
YTD Amount:	\$	1,863,434.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,314,746.55
County Medical Services Program Offset	\$	1,314,746.55
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,398,154.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	814,939.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	814,939.31
YTD Amount:	\$	3,935,752.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	318,010.24
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	18,398.44
YTD Amount:	\$	636,996.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	214,188.62
County Medical Services Program Offset	\$	191,229.90
<u>Net Claim / Payment Amount</u>	\$	22,958.72
YTD Amount:	\$	460,732.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	90,616.00
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	29,466.30
YTD Amount:	\$	254,180.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	725,696.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	725,696.47
YTD Amount:	\$	3,504,753.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	165,911.70
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	20,379.70
YTD Amount:	\$	364,674.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	961,915.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	961,915.25
YTD Amount:	\$	4,645,573.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	264,680.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	264,680.90
YTD Amount:	\$	1,278,277.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	259,528.53
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	19,970.53
YTD Amount:	\$	534,717.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	87,384.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,384.07
YTD Amount:	\$	422,018.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

Total amount collected: \$105,740,213.19 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,891,226.08 County/City Ratio: 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	396,503.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	396,503.13
YTD Amount:	\$	1,914,913.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000081A
PAYMENT ISSUE DATE: 11/24/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO:11/15/2010

<u>Total amount collected:</u>	\$105,740,213.19	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,891,226.08	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	133,018.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,018.17
YTD Amount:	\$	642,411.73